

COPD ANTICHOLINERGICS PA SUMMARY

PREFERRED	ipratropium bromide solution, Atrovent HFA, Duoneb, Combivent
NON-PREFERRED	Spiriva

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

- ❖ Claims history will be reviewed for use of 1 preferred agent within the past 90 days.
- ❖ If no preferred agent is in claim history, physician should submit documentation of allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to the preferred products.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Express Scripts at 1-877-650-9340**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please click [here](#).

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please select Pharmacy Services from the manuals listed [at this link](#).